



CITY OF MESA CHOICE HEALTH PLAN Retiree Enrollment Workbook 2011 Summary of Benefits

2011 Open Enrollment starts October 25 and ends November 5, 2010

Open Enrollment changes are effective 1/1/2011

For enrollment instructions, ([click here](#))

WHAT'S INSIDE

Contents

| | |
|--|----|
| CHANGING ENROLLMENTS IN CITY OF MESA BENEFIT PLANS | 3 |
| WHAT'S NEW FOR 2011 | 4 |
| OPEN ENROLLMENT INSTRUCTIONS | 5 |
| HELPFUL HINTS FOR ONLINE ENROLLMENT | 6 |
| ACTION CHECKLIST | 7 |
| MESA CHOICE HEALTH PLAN HIGHLIGHTS 2011 | 9 |
| PRESCRIPTION PLAN HIGHLIGHTS 2011 | 11 |
| MESA CHOICE DENTAL PLAN 2011 | 13 |
| MESA CHOICE VISION PLAN 2011 | 15 |
| CHOICE PLAN RETIREE PREMIUMS - CITY OF MESA 2011 | 17 |
| CHOICE PLUS PLAN RETIREE PREMIUMS - CITY OF MESA | 18 |
| COPAY CHOICE PLAN RETIREE PREMIUMS - CITY OF MESA 2011 | 19 |
| BASIC CHOICE PLAN RETIREE PREMIUMS - CITY OF MESA 2011 | 20 |
| DENTAL COVERAGE RETIREE PREMIUMS - 2011 | 21 |
| VISION COVERAGE RETIREE PREMIUMS - 2011 | 21 |
| CHOOSING THE BEST PLAN FOR YOU AND YOUR FAMILY | 22 |
| GETTING THE BEST BANG FOR YOUR HEALTH CARE BUCK | 23 |
| IMPORTANT PHONE NUMBERS | 24 |
| MESA CHOICE MEDICAL PLAN INFORMATION | 25 |
| INSTRUCTIONS FOR LOCATING A BLUE CROSS BLUE SHIELD OF ARIZONA PROVIDER | 27 |
| IMPORTANT INFORMATION FOR RETIREES WITH MEDICARE | 29 |
| AFFORDABLE CARE ACT CHANGES | 30 |
| ANNUAL NOTIFICATION - WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998 | 30 |
| HIPAA – HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 | 31 |
| MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM | 31 |
| MEDICARE MANDATORY REPORTING REQUIREMENT | 34 |
| MEDICARE NOTICE OF CREDITABLE COVERAGE | 34 |

MESA CHOICE HEALTH PLAN

Retiree Enrollment Workbook

2011 Benefits Package

All benefits described in this summary of benefits document are for general information only. The Plan Document ([click here](#)) describes in detail the benefits covered under the plan.

OPEN ENROLLMENT

Benefits eligible retirees can make changes to their current health plan options for the coming year during open enrollment. The annual Open Enrollment period allows retirees to reevaluate current benefits and decide if a change should be made. Retirees may add, delete, or change coverages or dependents once each year during open enrollment.

Open Enrollment begins October 25 and ends on November 5, 2010 at 6:00 P.M. The online system will be closed until October 25.

Who needs to participate in open enrollment?

- **All full-time and part-time employees** eligible for City plan benefits, whether currently enrolled or not.
- **Retirees** who wish to make changes to their health plans.
- **COBRA** participants who wish to make changes to their health plans.
- **EVERYONE** who wants to participate in our satisfaction survey (See below for more information)

Retirees who do not re-enroll will retain the same coverage for 2011 as they had in 2010.

REMEMBER: Currently enrolled retirees who do not make any changes to benefit selections and/or change who is covered during the Open Enrollment period or within 31 days of a change in status must wait until the next year's open enrollment to make a change.

MID YEAR CHANGES

Change in status is the only time currently enrolled retirees can change their coverage, during the year, other than open enrollment. Any time life circumstances change, **the retiree is responsible** for making appropriate benefits enrollment changes within 31 days of the qualifying event. These changes in status include:

- Marriage
- Divorce
- Birth, adoption or legal custody of a child
- Dependent no longer eligible under the plan due to age
- Death of dependent (spouse or child)
- Spouse loses or gains coverage eligibility due to change in employment
- Spouse's open enrollment period

Retirees must notify the Benefits office within 31 calendar days of the date of the change for dependents to be added to or deleted from coverage.

AT TIME OF RETIREMENT New retirees must be enrolled in a plan on the date of retirement to continue that plan as a retiree. Retirees may not make plan changes at the time of retirement; those changes may not be made until the open enrollment following their retirement.

CHANGING ENROLLMENTS IN CITY OF MESA BENEFIT PLANS

Enrolling Dependents for the First Time

Members who enroll in family Coverage and whose eligible dependents have never been enrolled in one of the City-sponsored plans before MUST submit copies of the following documents, as applicable, to the Employee Benefits Office BEFORE coverage begins:

- Marriage Certificate, if enrolling a spouse
- Birth Certificates, adoption documents or other court documentation verifying legal guardianship, if enrolling one or more children
- Natural parent's divorce decree (if applicable) and the stepchild(ren)'s birth certificate(s) if enrolling one or more stepchildren
- Proof of insurance if you or your dependents are covered under another health insurance plan

Who Are My Eligible Dependents?

- Legal spouse
- Natural children and stepchildren under age 26
- Legally adopted children, foster children, or children for whom you/your spouse are a court-appointed guardian under age 26

When Can I Add or Drop a Dependent?

- Benefit elections can only be changed during the year if there is a Qualified Status Change
- Changes that are consistent with the status change that may be made mid-year
 - o ?? or opting out of coverage
 - o Adding or removing dependents
- The Benefits Office must be contacted within 31 days of the event or the change must wait until the next open enrollment

What Are Qualified Changes in Status?

Qualified changes in status, as identified by IRS rules, include changes that would impact your choice of coverage or level of coverage.

- Marriage
- Divorce
- Death
- Birth, adoption, or legal custody of a child
- Covered person gains or loses coverage under another plan

Although you cannot change your medical plan due to a status change, you can make most other changes.

- Enroll or disenroll dependents;
- Terminate plans;
- Change coverage levels under the plan.

IMPORTANT NOTICE REGARDING ONLINE ENROLLMENT

If you have or anticipate a status change (i.e., newborn, marriage, divorce, or adoption) that becomes effective in October or November, please contact Laura Kolsrud at (480) 644-5837 or Leslie Rogers at (480) 644-2648 in the Benefits Office **before** doing your on-line enrollment. For example, if you are getting married on October 24, contact us before adding your new spouse online.

What's New For 2011

The following changes are effective January 1, 2011

 ***Descriptions of these changes are found in the Enrollment Workbook***

There are significant premium changes and several plan design changes for the 2011 plan year. Members should review these changes and all benefits described in the Enrollment Workbook before beginning online enrollment.

Premiums

Nationally and locally, health insurance costs have been increasing and are expected to continue to increase at over 10% per year. These increases combined with use of the health plans affects have resulted in an anticipated \$25.6M increase in revenue requirements by 2013. The majority of this falls within 2011, but the increase has been phased in over the next three years (2011, 2012, and 2013) to ease the impact on retiree premiums in 2011. For more information on the three year phase in plan, see www.mesachip.org.

Social Security Number Requirement

To comply with federal law, social security numbers for retirees, their spouses, and their children **must** be entered in the online enrollment system to complete enrollment ([click here](#) for more information).

Adult Children to Age 26 Eligible for Coverage

- Children up to age 26 may be covered under the medical, dental, and vision
 - Married or unmarried
 - No requirement to reside with retiree
 - Student status or religious mission not required
- There is a one-time special open enrollment **for children who were not previously eligible and are under 26 only** – no other open enrollment changes can be made after November 5
 - October 25 – November 26, 2010
 - Until November 5, enrollments can be made online; after that, paper forms must be completed

Changes in Maximum Benefits Limits under the Medical Plan

The lifetime maximum benefit has been eliminated. There is now an *annual* maximum benefit of \$2 million.

No Coinsurance or Copays for Preventive Services

Under all plans, in-network preventive services, such as immunizations and well person visits, are covered at 100%, with no deductible, co-insurance, or copay (for services list, [click here](#)).

New External Appeal Process

The appeals process will include outside medical review of claims and pre-authorizations that are appealed.

Allowable Costs to be Applied to Out of Network Costs

Allowable costs for out-of-network services will be determined based on regional criteria. Members who choose out of network providers will be responsible for the increased deductible and coinsurance, as well as the amount charged by the out of network provider that is greater than the allowable cost.

Changes to 2011 Plan Document

There will be several changes in the 2011 plan, which will be posted on mesachip.org.

REMINDER Retirees are required to enroll in Medicare at age 65 or earlier if eligible due to disability or coverage will be terminated. Medicare's open enrollment is 1/1/11 – 3/31/11, effective 7/1/11.

Open Enrollment Instructions

Open Enrollment begins October 25 and ends on November 5, 2010 at 6:00 P.M. The online system will be closed until October 25.

IMPORTANT!!! READ THIS BEFORE YOU BEGIN THE ONLINE PROCESS

Review the workbook. Premiums are changing significantly for the 2011 plan year and there are several plan design changes, as well. These changes need to be considered by retirees to make the best health plan choices for them and their families.

Retirees who have or who anticipate a status change (e.g., newborn, marriage, divorce, or adoption) that becomes effective in October or November 2010, please contact the Employee Benefits Office **before** doing your on-line enrollment. Do not try to add or drop your dependents online until you have contacted either Laura Kolsrud at (480) 644-5837 or Leslie Rogers at (480) 644-2648. For example, if you are getting married on October 23, 2010, contact us before adding your new spouse online.

1. Access the Internet, and type www.mesachip.org in the web browser window.
2. Click on the "OPEN ENROLLMENT ENTER HERE" button to access the Open Enrollment System. Do **not** click on "Member Login."
3. In the Insured ID field, type your 5-digit ID number found on your health insurance card. If you don't have an insurance card and don't know what your Insured ID number is, contact Benefits.
4. In the Password field, type the following **Initial Password** scheme:
The first four letters of your last name* (in upper or lower case) plus the last four digits of your Social Security Number (SSN).

| *If your last name contains: | Last Name Example | Your SSN is: | Your password is: |
|-------------------------------------|--------------------------|---------------------|--|
| Four or more letters | JONES | 987654321 | JONE4321 |
| Two or three letters | COX | 987634321 | COX4321 |
| More than one name | DE LA TORRE | 987654321 | DE L4321 (System reads space as a character) |
| An apostrophe | O'MEARA | 987654321 | OMEA4321 (System does not read apostrophes) |
| A hyphen after the first 3 letters | DEL-MONTE | 987654321 | DEL 4321 (Substitute a space for the hyphen) |

You have five chances to enter your Insured ID and Password correctly. **After the fifth try, you will be locked out of the system.** After 10 minutes, you can attempt to login again.

5. On the next screen, follow these steps:
 - a. Enter your 5-digit Insured ID (see above).
 - b. Re-enter the Initial Password scheme (see Step 4)
 - c. In the next box, create an entirely new password of at least six letters and numbers.
 - d. Re-enter the New Password.
 - e. Click the "Save Password" button.

Write your New Password here: _____

NOTE: This password is for the Open Enrollment system only, not your CHIP login.

6. Carefully follow the instructions for each portion of the Open Enrollment System.
7. When you complete your enrollment, print a copy of your confirmation for your records. **Please review your confirmation sheet to make sure you have enrolled correctly.**
8. Sign out when your session is complete.

Need assistance? Review "Helpful Hints for Online Enrollment" on the next page, or call us at (480) 644-2299 during business hours (M-Th, 7:00 a.m. to 6:00 p.m.).

Helpful Hints for Online Enrollment

1. Use the Action Checklist as you review the Open Enrollment/Benefits Package to mark your coverage selections before you begin the Online Enrollment process.
2. Can't get into the Open Enrollment system? Did you click on the blue button labeled, "OPEN ENROLLMENT ENTER HERE"? If you clicked on "Member Login," you are not in the right area. The CHIP Member Login is different from the Open Enrollment System Login.
3. Member ID not being accepted? Did you type in 4 digits instead of 5? The old 4-digit IDs require a leading zero. For example, if your retiree ID is 1001, enter it as 01001.
4. If you enter the system for a second time, remember that you changed your password after you entered the initial password scheme. The new password is a combination of letters and numbers, at least six characters long. Did you write your new password on the Open Enrollment Instructions page in the space provided? If you did not and you can't remember what you changed your password to, use the "Change Password" link on the first screen of the Open Enrollment system.
5. Carefully follow the instructions on each portion of the Online Enrollment screens.
6. Can't print your confirmation? Check to make sure you have completed all areas of enrollment.
7. There should be a checkmark by the word, "Completed", if you have completed each portion.
8. When there are no "Pending" items, you have completed your enrollment. All the items should be marked, "Completed," and the "Print Confirmation" button will display. You can now print a confirmation for your records.
9. Going from single coverage to family coverage? Be sure to click on Family Coverage for each plan (medical, dental, vision) you wish to switch to family coverage. A new section will appear asking you to add your dependents. Going from family to single coverage? Be sure to click on Single Coverage.
10. Remember to submit any verification paperwork to the Benefits Office ([click here](#) for types of verification) no later than 6 pm on Monday, November 8, 2010. Failure to comply with this requirement may result in a change in your elected coverage.

If you have questions on any of these tips or if you are still experiencing problems with your online enrollment, please contact us at (480) 644-2299 during business hours, M-Th, 7:00 a.m. to 6:00 p.m.

Open Enrollment closes promptly on Friday, November 5, 2010, at 6:00 p.m.!

One time special open enrollment for children who were not previously eligible and are under 26 will close on November 26, 2010.

The City of Mesa Benefits Office is **closed** on Fridays – please be sure to contact us with questions before November 5 (or November 26 for the one-time special open enrollment for children to age 26)

WE WANT TO KNOW!

In an effort to offer the most comprehensive benefits package possible, we are requesting feedback from you, our customers and our plan members, regarding your overall benefits package, and the service you receive from our staff. At the end of the online open enrollment there will be a link to our survey. We hope you will take the time to complete it and let us know how we can better serve you!

ACTION CHECKLIST

Complete this checklist before accessing the online open enrollment system.

COVERAGE OPTIONS – Check the level of coverage you want to enroll in

MEDICAL PLAN OPTIONS ([Click here](#) for medical coverage and premium information)

Choice PPO – 80/20 Plan

- ☐ Member Only (Single Coverage)
- ☐ Member and Family (Family Coverage)

Copay Choice – Copay for most services

- ☐ Member Only (Single Coverage)
- ☐ Member and Family (Family Coverage)

Choice Plus PPO – 90/10 Plan

- ☐ Member Only (Single Coverage)
- ☐ Member and Family (Family Coverage)

Basic Choice PPO – 50/50 Plan

- ☐ Member Only (Single Coverage)
- ☐ Member and Family (Family Coverage)

☐ **Opt Out** – If you opt out of medical coverage as a retiree, you are no longer eligible for medical benefits in the future.

DENTAL PLAN OPTIONS ([Click here](#) for dental coverage and premium information)

Preventative Choice – 80/20 Plan, \$500 annual max., no orthodontia or other major services

- ☐ Member Only (Single Coverage)
- ☐ Member and Family (Family Coverage)

Dental Choice – 80/20 Plan, \$1200 annual max., no orthodontia

- ☐ Member Only (Single Coverage)
- ☐ Member and Family (Family Coverage)

Dental Choice Plus – 80/20 Plan, \$1500 annual max., orthodontia for children under age 19

- ☐ Member Only (Single Coverage)
- ☐ Member and Family (Family Coverage)

☐ **Opt Out** – If you opt out of dental coverage as a retiree, you are no longer eligible for dental benefits in the future

Checklist is continued on other side

VISION PLAN OPTIONS ([Click here](#) for vision coverage and premium information)

Basic Vision – annual exam, glasses/contacts every 24 months

- ☐ Member Only (Single Coverage)
- ☐ Member and Family (Family Coverage)

Vision Plus - annual exam, glasses/contacts every 12 months

- ☐ Member Only (Single Coverage)
- ☐ Member and Family (Family Coverage)

☐ **Opt Out** – If you opt out of vision coverage as a retiree, you are no longer eligible for vision benefits in the future

DEPENDENT INFORMATION

☐ **Spouse Name** _____ date of birth _____

☐ Spouse social security number (required) _____

☐ **Child Name** _____ date of birth _____

☐ Child social security number (required) _____

☐ **Child Name** _____ date of birth _____

☐ Child social security number (required) _____

☐ **Child Name** _____ date of birth _____

☐ Child social security number (required) _____

☐ **Child Name** _____ date of birth _____

☐ Child social security number (required) _____

DOCUMENTATION REQUIRED FOR NEW DEPENDENTS OR A CHANGE IN STATUS

- ☐ **Add Spouse** – marriage certificate
- ☐ **Add child** – birth certificate; foster, adoption, or legal custody papers
- ☐ **Add stepchild** – birth certificate and copy of natural parent's divorce decree
- ☐ **Delete spouse** due to divorce – copy of divorce decree
- ☐ **Delete stepchildren** due to divorce - copy of divorce decree
- ☐ **Proof of insurance**/insurance card for dependents covered under another health insurance plan

*NOTE: If you have or anticipate a status change (e.g., newborn, marriage, divorce, or adoption) that becomes effective in October or November 2010, please contact Laura Kolsrud at (480) 644-5837 or Leslie Rogers at (480) 644-2648 **before** doing your on-line enrollment.*

Mesa Choice Health Plan Highlights 2011

| | CHOICE PPO PLAN | | CHOICE PLUS PPO PLAN | | BASIC CHOICE PLAN | | COPAY CHOICE | |
|---|---|--------------------------------------|------------------------------------|--------------------------------------|--|--------------------------------------|--|--|
| Medical Services | In-Network PPO & Par Providers | Out-of-Network | In-Network PPO & Par Providers | Out-of-Network | In-Network PPO Providers Only | Out-of - Network | In-Network PPO Providers Only | Out-of-Network |
| Deductible per calendar year | \$300 per person; \$900 per family | \$1000 per person; \$3000 per family | \$200 per person; \$600 per family | \$1000 per person; \$3000 per family | \$550 per person; \$1650 per family | \$1000 per person; \$3000 per family | None | \$1000 per person; \$3000 per family |
| Hospital Services | After deductible, 80% | After deductible, 60% | After deductible, 90% | After deductible, 70% | After deductible, 50% | After deductible, 25% | \$100 copay OP; \$200 copay IP | After deductible, 60% |
| Physician & Health Care Practitioner Services | After deductible, 80% | After deductible, 60% | After deductible, 90% | After deductible, 70% | \$20 copay for sick OV, all other 50% after deductible | After deductible, 25% | \$20 copay | After deductible, 60% |
| Chiropractic Manipulations – 25/calendar year | After deductible, 80% | After deductible, 60% | After deductible, 90% | After deductible, 70% | After deductible, 50% | After deductible, 25% | \$20 copay | After deductible, 60% |
| Rehabilitation Services | Rehabilitation Services include physical therapy, occupational therapy, and speech therapy | | | | | | | |
| | After deductible, 80% | After deductible, 60% | After deductible, 90% | After deductible, 70% | After deductible, 50% | After deductible, 25% | \$20 copay | After deductible, 60% |
| X-Ray, Diagnostic | After deductible, 80% | After deductible, 60% | After deductible, 90% | After deductible, 70% | After deductible, 50% | After deductible, 25% | No deductible, 100% | After deductible, 60% |
| Emergency Room | After deductible, 80% | After deductible, 80% | After deductible, 90% | After deductible, 90% | After deductible, 50% | After deductible, 50% | \$100 copay, (\$200 copay if admitted) | \$100 copay, (\$200 copay if admitted) |
| Urgent Care Facility | After deductible, 80% | After deductible, 60% | After deductible, 90% | After deductible, 70% | After deductible, 50% | After deductible, 25% | \$50 copay | After deductible, 60% |
| Durable Medical Equipment (DME) | Includes DME rentals and purchases. DME over \$1000 requires precertification through American Health Group. | | | | | | | |
| | After deductible, 80% | After deductible, 60% | After deductible, 90% | After deductible, 70% | After deductible, 50% | After deductible, 25% | \$20 copay | After deductible, 60% |
| Foot Orthotics | Limited coverage for molded shoe orthotics prescribed and customized by a physician. Charges subject to appropriate deductibles, coinsurances and copays based on plan selected. \$500 maximum payable per calendar year. | | | | | | | |
| | After deductible, 80% | Not Covered | After deductible, 90% | Not Covered | After deductible, 50% | Not Covered | \$20 copay | Not Covered |
| Well Child Care and Immunizations | In network preventive immunizations as recommended by federal guidelines are payable at 100%, no deductible, copay or coinsurance. No maximum. | | | | | | | |
| | 100% | Not Covered | 100% | Not Covered | 100% | Not Covered | 100% | Not Covered |
| Out of Pocket Maximum | \$2000 per person | None | \$1000 per person | None | \$5000 per person | None | None | None |

*This chart is a **summary** of how eligible services will be covered. For a complete list of services and more detailed information, please refer to the City of Mesa Health Plan Document available at www.mesachip.org or from the Benefits Office.

Mesa Choice Health Plan Highlights 2011 (Continued)

| | CHOICE PPO PLAN | | CHOICE PLUS PPO PLAN | | BASIC CHOICE PLAN | | COPAY CHOICE | |
|---|---|---|--|--|-------------------------------|-----------------------|-------------------------------|-----------------------|
| Medical Services | In-Network PPO & Par Providers | Out-of-Network | In-Network PPO & Par Providers | Out-of-Network | In-Network PPO Providers Only | Out-of-Network | In-Network PPO Providers Only | Out-of-Network |
| Well Adult Care | Services include well man and well woman services, office visits, pap smears, mammograms, PSA, fecal occult tests, routine physical exams, lab tests, chest x-ray, immunizations, colon cancer screening, and routine EKG. 100%, no maximum. | | | | | | | |
| | 100% | Not Covered | 100% | Not Covered | 100% | Not Covered | 100% | Not Covered |
| Routine Colonoscopy for Members Age 50+ | Covered at 100% of in-network costs once every 10 years. Payable benefits include professional fees, facility fees, and pathology fees. Member MUST use in-network BCBSAZ providers (HealthSmart for out-of-state members). This benefit is not subject to deductible or the Well Adult Care maximum. | | | | | | | |
| | 100% | Not Covered | 100% | Not Covered | 100% | Not Covered | 100% | Not Covered |
| Voluntary Sterilization | Includes vasectomies, tubal ligations & other voluntary (non-medically necessary) sterilization procedures. Note: Procedure must be performed by a BCBS in-network provider to be considered. | | | | | | | |
| | After deductible, 50% | Not Covered | After deductible, 50% | Not Covered | After deductible, 50% | Not Covered | No deductible, 50% | Not Covered |
| Allergy Services (testing, physician visits) | After deductible, 80% | After deductible, 60% | After deductible, 90% | After deductible, 70% | After deductible, 50% | After deductible, 25% | \$20 copay | After deductible, 60% |
| Allergy Services (injections only) | After deductible, 80% | After deductible, 60% | After deductible, 90% | After deductible, 70% | After deductible, 50% | After deductible, 25% | \$5 copay | After deductible, 60% |
| Allergy Services (Injections with office visit) | After deductible, 80% | After deductible, 60% | After deductible, 90% | After deductible, 70% | After deductible, 50% | After deductible, 25% | \$20 copay | After deductible, 60% |
| Allergy Services with no copay (i.e., serum) | After deductible, 80% | After deductible, 60% | After deductible, 90% | After deductible, 70% | After deductible, 50% | After deductible, 25% | No copay | After deductible, 60% |
| Alternative Health Care (Acupuncturists, Naturopaths, Homeopaths) | After deductible, 80% up to \$1000/year | After deductible, 60% up to \$1000/year | After deductible, 90% with no annual max | After deductible, 70% with no annual max | Not Covered | Not Covered | Not Covered | Not Covered |
| Behavioral/ Mental Health Office Visits | Includes visits with psychiatrist, psychologist, or other mental health provider; counseling sessions & psychological testing. Mental health visits apply to annual out of pocket maximum. | | | | | | | |
| | After deductible, 80% | After deductible, 60% | After deductible, 90% | After deductible, 70% | After deductible, 50% | After deductible, 25% | \$20 copay | After deductible, 60% |
| *This chart is a summary of how eligible services will be covered. For a complete list of services and more detailed information, please refer to the City of Mesa Health Plan Document available at www.mesachip.org or from the Benefits Office. | | | | | | | | |

Prescription Plan Highlights 2011

Prescription drug benefits are available through the Plan's prescription drug network, Medco. For locations of the network pharmacies or information on which types of drugs are covered ([click here](#)), contact Medco at 1(800)711-0917 or visit their website at www.medco.com.

Generic Drugs

If a generic drug is available and the member or physician refuses substitution to generic

- The member will pay the appropriate percentage or copay PLUS
- The difference in cost between the generic and brand name drug

Certain Maintenance Medications

- After the third refill at retail
 - Medco may send the member a letter recommending that maintenance medications be filled through the Mail Order Pharmacy
 - Members do not want to use the Mail Order Pharmacy for these medications
 - Will pay double the Retail copay and the coinsurance will increase by 5%
 - Minimum and Maximum copays will also be increased

Choice, Basic, and Choice Plus Plans

- Brand name drugs for which there is no generic equivalent will be subject to the appropriate brand name coinsurance
- These drugs will not be payable at the Generic rate.

Prescription Drugs Covered Under this Plan

- Most drugs, including injectable and specialty medications, are covered
- Some drugs require prior authorization. Members who have questions about whether specific drugs are covered should contact Medco at (800) 711-0917
- Members should purchase all prescriptions, especially injectable and specialty medications, through Medco whenever possible

Generic Medications for \$4 per Month

- Many retail pharmacies offer 30 day supplies of generics for \$4 and \$10 for 90 days
- These pharmacies include **Walmart, Target, Fry's and Basha's**
- We highly recommend you take advantage of these low-cost prescriptions whenever possible
- The cost of these discounted prescriptions **IS NOT** reimbursable through the Employee Benefit Trust Fund, using them will save you and the Fund money

No Coverage for Non-Network Retail Pharmacies

- Prescriptions filled at out-of-network; non-participating pharmacies must be paid for at the time of purchase
- The drug receipt and claim form must be mailed to the Medco Prescription Drug Program
- Reimbursement is based on what would have been charged by a participating pharmacy, less the applicable retail coinsurance or copay for the plan
- Claim forms are available at www.medco.com

For detailed information on prescription drug coverage see below or refer to the City of Mesa Plan Document at www.mesachip.org.

Note: All City of Mesa Prescription Drug Plans are considered Creditable with Medicare Part D. The Notice of Creditable Coverage ([click here](#)) is on mesachip.org

| 2011 MESA PRESCRIPTION BENEFIT | | | | |
|---|------------------------------|----------|-------------------|-----------------------|
| Choice and Choice Plus Plans | Annual Deductible per Person | Generic | Formulary Brand** | Non-Formulary Brand** |
| RETAIL – Up to 30-day Supply | | | | |
| Member Pays | \$50.00 | 20% | 25% | 40% |
| Minimum Copay per Rx | | \$5.00 | \$25.00 | \$35.00 |
| Maximum Copays per Rx | | \$50.00 | \$100.00 | \$100.00 |
| Maintenance Meds* not filled by Mail-Member Pays | \$50.00 | 25% | 30% | 45% |
| Increased Minimum Copay | | \$10.00 | \$50.00 | \$80.00 |
| Increased Maximum Copay | | \$100.00 | \$200.00 | \$200.00 |
| *Some Maintenance Medications not subject to increases. Check with Medco for more information | | | | |
| MAIL ORDER – Up to 90-Day Supply | | | | |
| Member Pays | \$ 0.00 | 20% | 25% | 40% |
| Minimum Copay per Rx | | \$10.00 | \$50.00 | \$80.00 |
| Maximum Copays per Rx | | \$100.00 | \$200.00 | \$200.00 |
| ** Medications with no generic alternative are covered as Formulary or Non-Formulary Brand | | | | |

| Copay Choice Plan | Generic | Formulary Brand** | Non-Formulary Brand** |
|--|---------|-------------------|-----------------------|
| RETAIL – Up to 30-Day Supply | | | |
| Member Pays | \$15.00 | \$35.00 | \$65.00 |
| Maintenance Meds* not filled by Mail: Mbr Pays | \$30.00 | \$70.00 | \$130.00 |
| * Some Maintenance Medications not subject to increases. Check with Medco for more information | | | |
| MAIL ORDER – Up to 90-Day Supply | | | |
| Member Pays | \$30.00 | \$70.00 | \$130.00 |
| ** Medications with no generic alternative are covered as Formulary or Non-Formulary Brand | | | |

| Basic Choice Plan | Annual Deductible per Person | Generic | Formulary Brand** | Non-Formulary Brand** |
|--|------------------------------|----------|-------------------|-----------------------|
| RETAIL – Up to 30-day Supply | | | | |
| Member Pays | \$250.00 | 20% | 25% | 40% |
| Minimum Copay per Rx | | \$5.00 | \$25.00 | \$35.00 |
| Maximum Copays per Rx | | \$50.00 | \$100.00 | \$200.00 |
| Maintenance Meds* not filled by Mail: Mbr Pays | \$250.00 | 25% | 30% | 45% |
| Increased Min Copay | | \$10.00 | \$50.00 | \$80.00 |
| Increased Max Copay | | \$100.00 | \$200.00 | \$400.00 |
| * Some Maintenance Medications not subject to increases. Check with Medco for more information | | | | |
| MAIL ORDER – Up to 90-Day Supply | | | | |
| Member Pays | \$250.00 | 20% | 25% | 40% |
| Minimum Copay per Rx | | \$10.00 | \$50.00 | \$80.00 |
| Maximum Copays per Rx | | \$100.00 | \$200.00 | \$300.00 |
| ** Medications with no generic alternative are covered as Formulary or Non-Formulary Brand | | | | |

Mesa Choice Dental Plan 2011

The Dental Plans available under the Mesa Choice Plan are self-insured and self-administered. You may choose any dental care provider. There are no in-network or out-of-network provisions under these plans. Claims are processed by the City of Mesa Benefits office.

Members have three plans from which to choose based upon their individual and family needs. The dental plans are:

- **Preventative Choice Plan** – Provides coverage for preventative services and limited restorative care (basic restorative care only). Orthodontia is NOT covered.
- **Dental Choice Plan** – Provides preventative, basic, and major restorative coverage. Orthodontia is NOT covered.
- **Dental Choice Plus Plan** – Provides additional coverage, INCLUDING orthodontia for dependent children under age 19. (No adult orthodontia coverage.)

Dental Premiums

Premiums for the three dental plans have been determined based upon the value of the individual plan. Premiums are deducted one month ahead on a pre-tax basis.

Non-Covered Dental Services

As with the medical plan, there are certain services that are not covered under any of the dental plans. They include:

- Expenses exceeding the Allowed amount (see below)
- Orthodontia for children under age 19 that started **before** benefits began with the City of Mesa
- Analgesia, sedation, hypnosis, nitrous oxide and/or related services provided for apprehension or anxiety, except when medically necessary
- Cosmetic services, including but not limited to veneers and facings
- Drugs and medicines (these may be covered under the prescription plan)
- Duplication of dental services by another provider
- Home use supplies, such as dental rinses, toothpaste, fluoride, etc.
- Dental implants
- Athletic mouth guards
- Oral hygiene or dietary instructions
- Orthognathic services
- Periodontal splinting
- Sealants for adults

For more detailed information about services that are not covered, please refer to the Plan Document found at www.mesachip.org or contact the Benefits Office at (480) 644-2299.

Allowed Charges

ALL dental charges that are submitted to the Benefits Office are compared to a schedule of allowed charges before they are processed.

- When the billed charge for services is higher than the amount allowed for the provider's location (by zip code), benefits will be paid based on the allowed amount
- The member is responsible for paying the difference between the billed charge and the allowed amount
- To avoid paying more than the allowed charges for dental services, members should have providers submit a Predetermination of Dental Benefits form to the Benefits Office BEFORE services are rendered
 - The Benefits Office will indicate any costs over the allowed charges
 - Deductibles and coinsurance will be determined based upon the provider's estimate of costs

MESA CHOICE DENTAL PLAN HIGHLIGHTS 2011

| DENTAL SERVICES | PREVENTATIVE CHOICE PLAN | DENTAL CHOICE PLAN | DENTAL CHOICE PLUS PLAN |
|---|--|--|---|
| Deductible per calendar year | \$100/person; \$300/family Applies to restorative care only | \$100/person; \$300/family Applies to restorative care only | \$100/person; \$300/family Applies to restorative care only |
| Preventative visits Include exam, tooth cleaning, bitewing x-rays; Full mouth/panoramic x-rays limited to once every 36 months. (Excludes periodontal cleanings & services) | Not subject to deductible 100% | Not subject to deductible 100% | Not subject to deductible 100% |
| Basic Restorative (sealants*, fluoride, fillings, extractions) *Coverage limited to dependent children under age 19 only | After deductible, 80% | After deductible, 80% | After deductible, 80% |
| Major Restorative (crowns, bridges, root canals, dentures, oral surgery, periodontal, & endodontic) | Not Covered | After deductible, 80% | After deductible, 80% |
| Orthodontia** **Coverage applies only to dependent children under age 19 | Not Covered | Not Covered | No Deductible, 80% Coverage, \$1200 Maximum Payable/Year \$2400 Maximum Payable Lifetime |
| Annual Maximum Payable for Dental Services | \$500 per person | \$1200 per person | \$1500 per person |

This chart is a summary of how eligible services will be covered. For a complete list of services and more detailed information, please refer to the City of Mesa Health Plan Document available at www.mesachip.org or from the Benefits Office.

Mesa Choice Vision Plan 2011

Vision care benefits are provided by Vision Service Plan (VSP). The City offers its members two types of plans:

- **Basic Vision** – Offers basic coverage at a nominal cost.
- **Vision Plus** – Offers additional coverage for a higher monthly premium.

Select a Participating Provider at www.vsp.com or call 1-800-877-7195.

VSP IN-NETWORK PLAN HIGHLIGHTS

| | BASIC VISION PLAN 12/24/24 | VISION PLUS PLAN 12/12/12 |
|---|--|--|
| Comprehensive Vision Exam | \$10 copay, once every 12 months | \$10 copay, once every 12 months |
| Materials | \$10 copay, once every 24 months | \$10 copay, once every 12 months |
| The materials copay is a single payment that applies to the entire purchase of eyeglasses (lenses and frames), or contacts in lieu of eyeglasses. | | |
| Pair of Lenses for Eyeglasses <ul style="list-style-type: none"> • Standard single vision • Standard lined bifocal • Standard lined trifocal | Once every 24 months Covered in Full Covered in Full Covered in Full | Once every 12 months Covered in Full Covered in Full Covered in Full |
| Lens Options <ul style="list-style-type: none"> • Standard Scratch Coating • Tints • Polycarbonate Lenses* • UV Coating • Basic Progressive Lenses *Covered in Full for Children under 18 | Available at a discount Available at a discount Available at a discount Available at a discount Available at a discount | Available at a discount Available at a discount Available at a discount Available at a discount Available at a discount |
| Lens options not covered by the plan may be available at a discount | | |
| Eyeglass Frames | Once every 24 months receive a \$130 retail frame allowance PLUS 20% discount off amounts over the retail allowance. | Once every 12 months receive a \$130 retail frame allowance PLUS 20% discount off amounts over the retail allowance. |
| Contact Lenses in lieu of Eyeglasses (Lenses & Frames) | Once every 24 months | Once every 12 months |
| Covered in full elective contact lenses <ul style="list-style-type: none"> • \$200 Allowance in lieu of lenses and frames • Member receives 15% discount off doctor's professional fees for Contact Lens fitting and evaluation | \$200 allowance once every 24 months. Fitting/evaluation is offered at a 15% discount. If a member chooses a contact lens not currently part of the Contact Lens Care Program, they have the flexibility to use their elective contact lens allowance any way they choose. The allowance can go toward contact lens services and contact lenses. Members will always receive 15% off all contact lens services from their VSP doctor. VSP covered contact lenses may vary by provider. | \$200 allowance once every 12 months. Fitting/evaluation is offered at a 15% discount. If a member chooses a contact lens not currently part of the Contact Lens Care Program, they have the flexibility to use their elective contact lens allowance any way they choose. The allowance can go toward contact lens services and contact lenses. Members will always receive 15% off all contact lens services from their VSP doctor. VSP covered contact lenses may vary by provider. |
| Medically Necessary Contacts Lenses <ul style="list-style-type: none"> • \$250 Allowance | Applies to individuals who cannot wear eyeglasses because of a medical condition, allergy, etc. Covered once every 24 months | Applies to individuals who cannot wear eyeglasses because of a medical condition, allergy, etc. Covered once every 12 months |

Refractive Eye Surgery- Member may receive approximately 15% off the regular price or 5% off the promotional price. Discounts only available from contracted facilities. Many other services are available at discounted rates. Check with your vision care provider or the Vision Service Plan website at www.vsp.com.

VSP OUT-OF-NETWORK PLAN HIGHLIGHTS

| SERVICE | AMOUNT | SERVICE | AMOUNT |
|---|-------------|-----------------|-------------|
| Exam | | Lenses | |
| • Optometrist | Up to \$40 | • Single Vision | Up to \$40 |
| • Ophthalmologist | Up to \$40 | • Bifocal | Up to \$60 |
| | | • Trifocal | Up to \$80 |
| | | • Lenticular | Up to \$100 |
| Contact Lenses (in lieu of eyeglasses) | | Frames | Up to \$45 |
| • Elective | Up to \$200 | | |
| • Necessary | Up to \$250 | | |

TO FILE AN OUT OF NETWORK CLAIM:

Submit an itemized receipt with the covered member's ID number, name, address, phone number, patient's date of birth and relationship to member to the following address:

VSP
Attn: Out-of-Network Claims
PO Box 997105
Sacramento, CA 95899-7105

Be sure to write on your receipt "City of Mesa Vision Plan"

Limitations and Exclusions

This plan is designed to cover eye examinations and corrective eyewear. Benefits are payable only for expenses incurred while the group and individual member's coverage is in force.

Not Covered Under the Vision Service Plan

- Orthoptics or vision training and any associated supplemental testing
- Plano lenses (i.e. refractive error less than +/- 0.50 diopter power)
- Two pairs of glasses instead of bifocals
- Medical or surgical treatment of the eyes
- Replacement of lenses and frames furnished under this program, except at the normal intervals when services are available

Not Covered Under the Vision Service Plan

- Corneal Refractive Therapy (CRT) or Orthokeratology
- Replacement of lost or damaged lenses
- Insurance policies or service agreements
- Plano lenses (i.e. refractive error less than +/- 0.50 diopter power)
- Artistically painted lenses
- Additional office visits associated with contact lens pathology
- Contact lens modification, polishing or cleaning

CHOICE PLAN Retiree Premiums - City of Mesa 2011

Effective 1/1/11

Single Coverage ASRS & P.S. - Under Age 65

| # of yrs of svc* | % City Contrib | Total Premium | ASRS Subsidy | COM Contrib | RE Cost no Disc* |
|---------------------|-------------------|------------------|-----------------|----------------|---------------------|
| 10+ | 100% | \$565.00 | \$150.00 | \$368.00 | \$47.00 |

ASRS & P.S. - Over Age 65

| # of yrs of svc* | % City Contrib | Total Premium | ASRS Subsidy | COM Contrib | Retiree Disc. | RE Cost w/o disc. | RE Cost w/ disc. |
|---------------------|-------------------|------------------|-----------------|----------------|------------------|----------------------|---------------------|
| 10+ | 100% | \$565.00 | \$100.00 | \$368.00 | \$100.00 | \$97.00 | \$ - |

Family Coverage ASRS & P.S. - Both Under 65 years of age

| # of yrs of svc* | % City Contrib | Total Premium | ASRS Subsidy | COM Contrib | RE Cost no Disc* |
|---------------------|-------------------|------------------|-----------------|----------------|---------------------|
| 20 | 100% | \$1,376.00 | \$260.00 | \$1,001.00 | \$115.00 |
| 19 | 95% | \$1,376.00 | \$260.00 | \$1,001.00 | \$115.00 |
| 18 | 90% | \$1,376.00 | \$260.00 | \$1,001.00 | \$115.00 |
| 17 | 85% | \$1,376.00 | \$260.00 | \$948.60 | \$167.40 |
| 16 | 80% | \$1,376.00 | \$260.00 | \$892.80 | \$223.20 |
| 15 | 75% | \$1,376.00 | \$260.00 | \$837.00 | \$279.00 |
| 14 | 70% | \$1,376.00 | \$260.00 | \$781.20 | \$334.80 |
| 13 | 65% | \$1,376.00 | \$260.00 | \$725.40 | \$390.60 |
| 12 | 60% | \$1,376.00 | \$260.00 | \$669.60 | \$446.40 |
| 11 | 55% | \$1,376.00 | \$260.00 | \$613.80 | \$502.20 |
| 10 | 50% | \$1,376.00 | \$260.00 | \$558.00 | \$558.00 |

ASRS & P.S. - One over 65, one under 65 years of age

| # of yrs of svc* | % City Contrib | Total Premium | ASRS Subsidy | COM Contrib | Retiree Disc. | RE Cost w/o disc. | RE Cost w/ disc. |
|---------------------|-------------------|------------------|-----------------|----------------|------------------|----------------------|---------------------|
| 20 | 100% | \$1,376.00 | \$215.00 | \$1,001.00 | \$100.00 | \$160.00 | \$60.00 |
| 19 | 95% | \$1,376.00 | \$215.00 | \$1,001.00 | \$100.00 | \$160.00 | \$60.00 |
| 18 | 90% | \$1,376.00 | \$215.00 | \$1,001.00 | \$100.00 | \$160.00 | \$60.00 |
| 17 | 85% | \$1,376.00 | \$215.00 | \$986.85 | \$100.00 | \$174.15 | \$74.15 |
| 16 | 80% | \$1,376.00 | \$215.00 | \$928.80 | \$100.00 | \$232.20 | \$132.20 |
| 15 | 75% | \$1,376.00 | \$215.00 | \$870.75 | \$100.00 | \$290.25 | \$190.25 |
| 14 | 70% | \$1,376.00 | \$215.00 | \$812.70 | \$100.00 | \$348.30 | \$248.30 |
| 13 | 65% | \$1,376.00 | \$215.00 | \$754.65 | \$100.00 | \$406.35 | \$306.35 |
| 12 | 60% | \$1,376.00 | \$215.00 | \$696.60 | \$100.00 | \$464.40 | \$364.40 |
| 11 | 55% | \$1,376.00 | \$215.00 | \$638.55 | \$100.00 | \$522.45 | \$422.45 |
| 10 | 50% | \$1,376.00 | \$215.00 | \$580.50 | \$100.00 | \$580.50 | \$480.50 |

ASRS & P.S. - Both over 65 years of age

| # of yrs of svc* | % City Contrib | Total Premium | ASRS Subsidy | COM Contrib | Retiree Disc. | RE Cost w/o disc. | RE Cost w/ disc. |
|---------------------|-------------------|------------------|-----------------|----------------|------------------|----------------------|---------------------|
| 20 | 100% | \$1,376.00 | \$170.00 | \$1,001.00 | \$200.00 | \$205.00 | \$5.00 |
| 19 | 95% | \$1,376.00 | \$170.00 | \$1,001.00 | \$200.00 | \$205.00 | \$5.00 |
| 18 | 90% | \$1,376.00 | \$170.00 | \$1,001.00 | \$200.00 | \$205.00 | \$5.00 |
| 17 | 85% | \$1,376.00 | \$170.00 | \$1,001.00 | \$200.00 | \$205.00 | \$5.00 |
| 16 | 80% | \$1,376.00 | \$170.00 | \$964.80 | \$200.00 | \$241.20 | \$41.20 |
| 15 | 75% | \$1,376.00 | \$170.00 | \$904.50 | \$200.00 | \$301.50 | \$101.50 |
| 14 | 70% | \$1,376.00 | \$170.00 | \$844.20 | \$200.00 | \$361.80 | \$161.80 |
| 13 | 65% | \$1,376.00 | \$170.00 | \$783.90 | \$200.00 | \$422.10 | \$222.10 |
| 12 | 60% | \$1,376.00 | \$170.00 | \$723.60 | \$200.00 | \$482.40 | \$282.40 |
| 11 | 55% | \$1,376.00 | \$170.00 | \$663.30 | \$200.00 | \$542.70 | \$342.70 |
| 10 | 50% | \$1,376.00 | \$170.00 | \$603.00 | \$200.00 | \$603.00 | \$403.00 |

*-Years of service must be with the City of Mesa

CHOICE PLUS PLAN Retiree Premiums - City of Mesa

Effective 1/1/11 **Single Coverage** ASRS & P.S. - Under Age 65

| # of yrs of svc* | % City Contrib | Total Premium | ASRS Subsidy | COM Contrib | RE Cost no Disc* |
|---------------------|-------------------|------------------|-----------------|----------------|---------------------|
| 10+ | 100% | \$819.00 | \$150.00 | \$368.00 | \$301.00 |

ASRS & P.S. - Over Age 65

| # of yrs of svc* | % City Contrib | Total Premium | ASRS Subsidy | COM Contrib | Retiree Disc. | RE Cost w/o disc. | RE Cost w/ disc. |
|---------------------|-------------------|------------------|-----------------|----------------|------------------|----------------------|---------------------|
| 10+ | 100% | \$819.00 | \$100.00 | \$368.00 | \$100.00 | \$351.00 | \$251.00 |

Family Coverage ASRS & P.S. - Both Under 65 years of age

| # of yrs of svc* | % City Contrib | Total Premium | ASRS Subsidy | COM Contrib | RE Cost no Disc* |
|---------------------|-------------------|------------------|-----------------|----------------|---------------------|
| 20 | 100% | \$1,745.00 | \$260.00 | \$1,001.00 | \$484.00 |
| 19 | 95% | \$1,745.00 | \$260.00 | \$1,001.00 | \$484.00 |
| 18 | 90% | \$1,745.00 | \$260.00 | \$1,001.00 | \$484.00 |
| 17 | 85% | \$1,745.00 | \$260.00 | \$1,001.00 | \$484.00 |
| 16 | 80% | \$1,745.00 | \$260.00 | \$1,001.00 | \$484.00 |
| 15 | 75% | \$1,745.00 | \$260.00 | \$1,001.00 | \$484.00 |
| 14 | 70% | \$1,745.00 | \$260.00 | \$1,001.00 | \$484.00 |
| 13 | 65% | \$1,745.00 | \$260.00 | \$965.25 | \$519.75 |
| 12 | 60% | \$1,745.00 | \$260.00 | \$891.00 | \$594.00 |
| 11 | 55% | \$1,745.00 | \$260.00 | \$816.75 | \$668.25 |
| 10 | 50% | \$1,745.00 | \$260.00 | \$742.50 | \$742.50 |

ASRS & P.S. - One over 65, one under 65 years of age

| # of yrs of svc* | % City Contrib | Total Premium | ASRS Subsidy | COM Contrib | Retiree Disc. | RE Cost w/o disc. | RE Cost w/disc. |
|---------------------|-------------------|------------------|-----------------|----------------|------------------|----------------------|--------------------|
| 20 | 100% | \$1,745.00 | \$215.00 | \$1,001.00 | \$100.00 | \$529.00 | \$429.00 |
| 19 | 95% | \$1,745.00 | \$215.00 | \$1,001.00 | \$100.00 | \$529.00 | \$429.00 |
| 18 | 90% | \$1,745.00 | \$215.00 | \$1,001.00 | \$100.00 | \$529.00 | \$429.00 |
| 17 | 85% | \$1,745.00 | \$215.00 | \$1,001.00 | \$100.00 | \$529.00 | \$429.00 |
| 16 | 80% | \$1,745.00 | \$215.00 | \$1,001.00 | \$100.00 | \$529.00 | \$429.00 |
| 15 | 75% | \$1,745.00 | \$215.00 | \$1,001.00 | \$100.00 | \$529.00 | \$429.00 |
| 14 | 70% | \$1,745.00 | \$215.00 | \$1,001.00 | \$100.00 | \$529.00 | \$429.00 |
| 13 | 65% | \$1,745.00 | \$215.00 | \$994.50 | \$100.00 | \$535.50 | \$435.50 |
| 12 | 60% | \$1,745.00 | \$215.00 | \$918.00 | \$100.00 | \$612.00 | \$512.00 |
| 11 | 55% | \$1,745.00 | \$215.00 | \$841.50 | \$100.00 | \$688.50 | \$588.50 |
| 10 | 50% | \$1,745.00 | \$215.00 | \$765.00 | \$100.00 | \$765.00 | \$665.00 |

ASRS & P.S. - Both over 65 years of age

| # of yrs of svc* | % City Contrib | Total Premium | ASRS Subsidy | COM Contrib | Retiree Disc. | RE Cost w/o disc. | RE Cost w/disc. |
|---------------------|-------------------|------------------|-----------------|----------------|------------------|----------------------|--------------------|
| 20 | 100% | \$1,745.00 | \$170.00 | \$1,001.00 | \$200.00 | \$574.00 | \$374.00 |
| 19 | 95% | \$1,745.00 | \$170.00 | \$1,001.00 | \$200.00 | \$574.00 | \$374.00 |
| 18 | 90% | \$1,745.00 | \$170.00 | \$1,001.00 | \$200.00 | \$574.00 | \$374.00 |
| 17 | 85% | \$1,745.00 | \$170.00 | \$1,001.00 | \$200.00 | \$574.00 | \$374.00 |
| 16 | 80% | \$1,745.00 | \$170.00 | \$1,001.00 | \$200.00 | \$574.00 | \$374.00 |
| 15 | 75% | \$1,745.00 | \$170.00 | \$1,001.00 | \$200.00 | \$574.00 | \$374.00 |
| 14 | 70% | \$1,745.00 | \$170.00 | \$1,001.00 | \$200.00 | \$574.00 | \$374.00 |
| 13 | 65% | \$1,745.00 | \$170.00 | \$1,001.00 | \$200.00 | \$574.00 | \$374.00 |
| 12 | 60% | \$1,745.00 | \$170.00 | \$945.00 | \$200.00 | \$630.00 | \$430.00 |
| 11 | 55% | \$1,745.00 | \$170.00 | \$866.25 | \$200.00 | \$708.75 | \$508.75 |
| 10 | 50% | \$1,745.00 | \$170.00 | \$87.50 | \$200.00 | \$787.50 | \$587.50 |

*-Years of service must be with the City of Mesa

COPAY CHOICE PLAN Retiree Premiums - City of Mesa 2011

Effective 1/1/11

Single Coverage

ASRS & P.S. - Under Age 65

| # of yrs of svc* | % City Contrib | Total Premium | ASRS Subsidy | COM Contrib | RE Cost no Disc* |
|------------------|----------------|---------------|--------------|-------------|------------------|
| 10+ | 100% | \$743.00 | \$50.00 | \$368.00 | \$225.00 |

ASRS & P.S. - Over Age 65

| # of yrs of svc* | % City Contrib | Total Premium | ASRS Subsidy | COM Contrib | Retiree Disc. | RE Cost no Disc* | RE Cost w/ disc. |
|------------------|----------------|---------------|--------------|-------------|---------------|------------------|------------------|
| 10+ | 100% | \$743.00 | \$00.00 | \$368.00 | \$100.00 | \$275.00 | \$175.00 |

Family Coverage

ASRS & P.S. - Both Under 65 years of age

| # of yrs of svc* | % City Contrib | Total Premium | ASRS Subsidy | COM Contrib | RE Cost no Disc* |
|------------------|----------------|---------------|--------------|-------------|------------------|
| 20 | 100% | \$1,597.00 | \$260.00 | \$1,001.00 | \$336.00 |
| 19 | 95% | \$1,597.00 | \$260.00 | \$1,001.00 | \$336.00 |
| 18 | 90% | \$1,597.00 | \$260.00 | \$1,001.00 | \$336.00 |
| 17 | 85% | \$1,597.00 | \$260.00 | \$1,001.00 | \$336.00 |
| 16 | 80% | \$1,597.00 | \$260.00 | \$1,001.00 | \$336.00 |
| 15 | 75% | \$1,597.00 | \$260.00 | \$1,001.00 | \$336.00 |
| 14 | 70% | \$1,597.00 | \$260.00 | \$935.90 | \$401.10 |
| 13 | 65% | \$1,597.00 | \$260.00 | \$869.05 | \$467.95 |
| 12 | 60% | \$1,597.00 | \$260.00 | \$802.20 | \$534.80 |
| 11 | 55% | \$1,597.00 | \$260.00 | \$735.35 | \$601.65 |
| 10 | 50% | \$1,597.00 | \$260.00 | \$668.50 | \$668.50 |

ASRS & P.S. - One over 65, one under 65 years of age

| # of yrs of svc* | % City Contrib | Total Premium | ASRS Subsidy | COM Contrib | Retiree Disc. | RE Cost w/o disc. | RE Cost w/ disc. |
|------------------|----------------|---------------|--------------|-------------|---------------|-------------------|------------------|
| 20 | 100% | \$1,597.00 | \$215.00 | \$1,001.00 | \$100.00 | \$381.00 | \$281.00 |
| 19 | 95% | \$1,597.00 | \$215.00 | \$1,001.00 | \$100.00 | \$381.00 | \$281.00 |
| 18 | 90% | \$1,597.00 | \$215.00 | \$1,001.00 | \$100.00 | \$381.00 | \$281.00 |
| 17 | 85% | \$1,597.00 | \$215.00 | \$1,001.00 | \$100.00 | \$381.00 | \$281.00 |
| 16 | 80% | \$1,597.00 | \$215.00 | \$1,001.00 | \$100.00 | \$381.00 | \$281.00 |
| 15 | 75% | \$1,597.00 | \$215.00 | \$1,001.00 | \$100.00 | \$381.00 | \$281.00 |
| 14 | 70% | \$1,597.00 | \$215.00 | \$967.40 | \$100.00 | \$414.60 | \$314.60 |
| 13 | 65% | \$1,597.00 | \$215.00 | \$898.30 | \$100.00 | \$483.70 | \$383.70 |
| 12 | 60% | \$1,597.00 | \$215.00 | \$829.20 | \$100.00 | \$552.80 | \$452.80 |
| 11 | 55% | \$1,597.00 | \$215.00 | \$760.10 | \$100.00 | \$621.90 | \$521.90 |
| 10 | 50% | \$1,597.00 | \$215.00 | \$691.00 | \$100.00 | \$691.00 | \$591.00 |

ASRS & P.S. - Both over 65 years of age

| # of yrs of svc* | % City Contrib | Total Premium | ASRS Subsidy | COM Contrib | Retiree Disc. | RE Cost w/o disc. | RE Cost w/ disc. |
|------------------|----------------|---------------|--------------|-------------|---------------|-------------------|------------------|
| 20 | 100% | \$1,597.00 | \$170.00 | \$1,001.00 | \$200.00 | \$426.00 | \$226.00 |
| 19 | 95% | \$1,597.00 | \$170.00 | \$1,001.00 | \$200.00 | \$426.00 | \$226.00 |
| 18 | 90% | \$1,597.00 | \$170.00 | \$1,001.00 | \$200.00 | \$426.00 | \$226.00 |
| 17 | 85% | \$1,597.00 | \$170.00 | \$1,001.00 | \$200.00 | \$426.00 | \$226.00 |
| 16 | 80% | \$1,597.00 | \$170.00 | \$1,001.00 | \$200.00 | \$426.00 | \$226.00 |
| 15 | 75% | \$1,597.00 | \$170.00 | \$1,001.00 | \$200.00 | \$426.00 | \$226.00 |
| 14 | 70% | \$1,597.00 | \$170.00 | \$998.90 | \$200.00 | \$428.10 | \$228.10 |
| 13 | 65% | \$1,597.00 | \$170.00 | \$927.55 | \$200.00 | \$499.45 | \$299.45 |
| 12 | 60% | \$1,597.00 | \$170.00 | \$856.20 | \$200.00 | \$570.80 | \$370.80 |
| 11 | 55% | \$1,597.00 | \$170.00 | \$784.85 | \$200.00 | \$642.15 | \$442.15 |
| 10 | 50% | \$1,597.00 | \$170.00 | \$713.50 | \$200.00 | \$713.50 | \$513.50 |

*-Years of service must be with the City of Mesa

BASIC CHOICE PLAN Retiree Premiums - City of Mesa 2011

effective 1/1/11

Single Coverage

ASRS & P.S. - Under Age 65

| # of yrs of svc* | % City Contrib | Total Premium | ASRS Subsidy | COM Contrib | RE Cost no Disc* |
|---------------------|-------------------|------------------|-----------------|----------------|---------------------|
| 10+ | 100% | \$518.00 | \$150.00 | \$368.00 | \$ - |

ASRS & P.S. - Over Age 65

| # of yrs of svc* | % City Contrib | Total Premium | ASRS Subsidy | COM Contrib | Retiree Disc. | RE Cost w/o disc. | RE Cost w/ disc. |
|---------------------|-------------------|------------------|-----------------|----------------|------------------|----------------------|---------------------|
| 10+ | 100% | \$518.00 | \$100.00 | \$368.00 | \$100.00 | \$50.00 | \$ - |

Family Coverage

ASRS & P.S. - Both Under 65 years of age

| # of yrs of svc* | % City Contrib | Total Premium | ASRS Subsidy | COM Contrib | RE Cost no Disc* |
|---------------------|-------------------|------------------|-----------------|----------------|---------------------|
| 20 | 100% | \$1,261.00 | \$ 260.00 | \$1,001.00 | \$ - |
| 19 | 95% | \$1,261.00 | \$ 260.00 | \$950.95 | \$50.05 |
| 18 | 90% | \$1,261.00 | \$ 260.00 | \$900.90 | \$100.10 |
| 17 | 85% | \$1,261.00 | \$ 260.00 | \$850.85 | \$150.15 |
| 16 | 80% | \$1,261.00 | \$ 260.00 | \$800.80 | \$200.20 |
| 15 | 75% | \$1,261.00 | \$ 260.00 | \$750.75 | \$250.25 |
| 14 | 70% | \$1,261.00 | \$ 260.00 | \$700.70 | \$300.30 |
| 13 | 65% | \$1,261.00 | \$ 260.00 | \$650.65 | \$350.35 |
| 12 | 60% | \$1,261.00 | \$ 260.00 | \$600.60 | \$400.40 |
| 11 | 55% | \$1,261.00 | \$ 260.00 | \$550.55 | \$450.45 |
| 10 | 50% | \$1,261.00 | \$ 260.00 | \$500.50 | \$500.50 |

ASRS & P.S. - One over 65, one under 65 years of age

| # of yrs of svc* | % City Contrib | Total Premium | ASRS Subsidy | COM Contrib | Retiree Disc. | RE Cost w/o disc. | RE Cost w/ disc. |
|---------------------|-------------------|------------------|-----------------|----------------|------------------|----------------------|---------------------|
| 20 | 100% | \$1,261.00 | \$215.00 | \$1,001.00 | \$100.00 | \$45.00 | \$ - |
| 19 | 95% | \$1,261.00 | \$215.00 | \$993.70 | \$100.00 | \$52.30 | \$ - |
| 18 | 90% | \$1,261.00 | \$215.00 | \$941.40 | \$100.00 | \$104.60 | \$4.60 |
| 17 | 85% | \$1,261.00 | \$215.00 | \$889.10 | \$100.00 | \$156.90 | \$56.90 |
| 16 | 80% | \$1,261.00 | \$215.00 | \$836.80 | \$100.00 | \$209.20 | \$109.20 |
| 15 | 75% | \$1,261.00 | \$215.00 | \$784.50 | \$100.00 | \$261.50 | \$161.50 |
| 14 | 70% | \$1,261.00 | \$215.00 | \$732.20 | \$100.00 | \$313.80 | \$213.80 |
| 13 | 65% | \$1,261.00 | \$215.00 | \$679.90 | \$100.00 | \$366.10 | \$266.10 |
| 12 | 60% | \$1,261.00 | \$215.00 | \$627.60 | \$100.00 | \$418.40 | \$318.40 |
| 11 | 55% | \$1,261.00 | \$215.00 | \$575.30 | \$100.00 | \$470.70 | \$370.70 |
| 10 | 50% | \$1,261.00 | \$215.00 | \$523.00 | \$100.00 | \$523.00 | \$423.00 |

ASRS & P.S. - Both over 65 years of age

| # of yrs of svc* | % City Contrib | Total Premium | ASRS Subsidy | COM Contrib | Retiree Disc. | RE Cost w/o disc. | RE Cost w / disc. |
|---------------------|-------------------|------------------|-----------------|----------------|------------------|----------------------|----------------------|
| 20 | 100% | \$1,261.00 | \$170.00 | \$1,091.00 | \$200.00 | \$ - | \$ - |
| 19 | 95% | \$1,261.00 | \$170.00 | \$1,036.45 | \$200.00 | \$54.55 | \$ - |
| 18 | 90% | \$1,261.00 | \$170.00 | \$981.90 | \$200.00 | \$109.10 | \$ - |
| 17 | 85% | \$1,261.00 | \$170.00 | \$927.35 | \$200.00 | \$163.65 | \$ - |
| 16 | 80% | \$1,261.00 | \$170.00 | \$872.80 | \$200.00 | \$218.20 | \$18.20 |
| 15 | 75% | \$1,261.00 | \$170.00 | \$818.25 | \$200.00 | \$272.75 | \$72.75 |
| 14 | 70% | \$1,261.00 | \$170.00 | \$763.70 | \$200.00 | \$327.30 | \$127.30 |
| 13 | 65% | \$1,261.00 | \$170.00 | \$709.15 | \$200.00 | \$381.85 | \$181.85 |
| 12 | 60% | \$1,261.00 | \$170.00 | \$654.60 | \$200.00 | \$436.40 | \$236.40 |
| 11 | 55% | \$1,261.00 | \$170.00 | \$600.05 | \$200.00 | \$490.95 | \$290.95 |
| 10 | 50% | \$1,261.00 | \$170.00 | \$545.50 | \$200.00 | \$545.50 | \$345.50 |

*-Years of service must be with the City of Mesa

Dental Coverage Retiree Premiums - 2011

Effective 1/1/11

DENTAL CHOICE PLAN

| | Total Premium | City Contribution | Retiree Cost |
|--------|------------------|----------------------|-----------------|
| Single | \$95.00 | \$85.50 | \$9.50 |
| Family | \$170.00 | \$136.00 | \$34.00 |

DENTAL CHOICE PLUS PLAN

| | Total Premium | City Contribution | Retiree Cost |
|--------|------------------|----------------------|-----------------|
| Single | \$110.00 | \$85.50 | \$24.50 |
| Family | \$250.00 | \$136.00 | \$114.00 |

PREVENTATIVE CHOICE PLAN

| | Total Premium | City Contribution | Retiree Cost |
|--------|------------------|----------------------|-----------------|
| Single | \$85.50 | \$85.50 | \$0.00 |
| Family | \$142.00 | \$136.00 | \$6.00 |

Vision Coverage Retiree Premiums - 2011

Effective 1/1/11

BASIC VISION PLAN

| | Total Premium | City Contribution | Retiree Cost |
|--------|------------------|----------------------|-----------------|
| Single | \$4.86 | \$4.35 | \$0.51 |
| Family | \$13.42 | \$6.79 | \$6.63 |

VISION PLUS PLAN

| | Total Premium | City Contribution | Retiree Cost |
|--------|------------------|----------------------|-----------------|
| Single | \$8.30 | \$4.35 | \$3.95 |
| Family | \$22.88 | \$6.79 | \$16.09 |

Choosing the Best Plan for You and Your Family

How do I know which plan to choose?

Although the City of Mesa Benefits Office cannot recommend a specific plan, this section includes some information for you to consider as you make your health insurance plan decisions.

Member premium costs

- Which of the plans will fit best within your family's budget?
 - Do you have the immediate financial resources to handle the deductible?

Health care expense history

- What was your out of pocket expense during the last calendar year?
- How much are you actually USING your benefits?
- How much do you think you will use them in the future?
- What is your network utilization like? Does it have to be that way?

Do the math!

- Add how much you pay in premiums
- Add how much you pay for medical out of pocket expenses
- Add how much you pay for prescription medication out of pocket expenses
- Add naturopath or homeopath expenses

Compare

- How much are you paying under your current plan?
- How much would you paying under the other plans?

Consider

- Are you enrolled in the most expensive plan just because it's convenient or because it gives you a feeling of security?
- How likely are you to spend more than the out-of-pocket or annual maximums?
- Are you or one of your family members quite ill with a chronic condition?
- Have you, or has someone in your family made numerous visits to the hospital?
- Are you, or is someone in your family, likely to need surgery, or perhaps a crown or root canal in the coming year?
- Is one of the children going to need of braces for their teeth?
- Do you want to change vision plans so that you can have more or less frequent benefits?

Use Available Resources

- The Explanation of Benefits forms that we send to your home every time we process a claim
- Look up your claims online at www.mesachip.org
- Pharmacy receipts from both the local retail and mail order pharmacies
- Get a list of your prescriptions online at www.medco.com
- The comparisons for medical, dental, and vision plan benefits ([click here](#))
- The contact information for the plans to answer coverage questions ([click here](#))

Getting the Best Bang for Your Health Care Buck

How to Maximize Your Benefits and Save Money for Yourself and the Employee Benefit Trust

Choose In-Network PPO providers

- Make sure **ALL** providers involved in your care are in the Blue Cross Blue Shield of Arizona PPO network if you live in Arizona
- If you live outside of Arizona, use HealthSmart PPO network providers
- Ensure that **ALL** providers involved (such as the surgeon, anesthesiologist, assistant surgeons, and the healthcare facility) are in-network providers

Use the Prescription Plan Wisely

- Choose generic medications whenever possible. Not only will you get a better benefit, but it will also be less expensive for the plan
- Use the mail order pharmacy for your medications you take regularly
 - We receive a greater discount on each drug from Medco, our pharmacy benefit manager
 - The dispensing fee is also less– 65 cents per prescription vs. up to \$3.50 at the retail pharmacy
 - The mail order pharmacy is easy to use and saves everybody money
- Ask your doctor about possible alternatives to the more expensive brand name medications
- Do cost comparisons. If there is a less expensive medication that will give you the same results, use it.



Important Phone Numbers

Benefits Office
American Health Group

(480) 644-2299
(602) 265-3800 or
(800) 847-7605
(800) 711-0917
(800) 877-7195
(800) 687-0500
Option 8

Medco
Vision Service Plan
HealthSmart PPO

Benefit Information and Questions
Precertification

Prescription Drug Program
Vision Benefits
Out-of-State Network
(for members outside of Arizona only)

Important Websites

www.azblue.com

To find an in-network medical provider in Arizona.

www.medco.com

To find information about your prescription drug benefit, locate a pharmacy, and order prescriptions from the home delivery pharmacy.

www.mesachip.org

To view the City of Mesa Plan Document, get benefit forms, and your benefit information and claim history.

www.healthsmart.com

To find providers in out-of-state directory or for customer service (for insureds living outside of Arizona only).

www.vsp.com

To find a Vision Service Plan provider and other coverage information

Mesa Choice Medical Plan Information

Our entire health insurance program is self-insured and self-administered, with Blue Cross Blue Shield of Arizona (BCBSAZ) continuing as our network provider. Claims are sent to and processed by the City of Mesa Employee Benefits Office.

Members may choose between four different medical plans depending upon their individual needs for a comparison of coverage under the plans). Please refer to the City of Mesa Plan Document, available at www.mesachip.org for detailed descriptions of covered and non-covered services.

Medical Premiums

Premiums for the four medical plans have been determined based upon the value of the individual plan. Retirees' insurance premiums are paid to the Benefits Office on a monthly basis.

For the 2011 monthly premiums for retirees ([click here](#)).

In Network Coverage

It is important that members choose in-network providers in order to get the best benefit. When an individual uses a provider who is in the Blue Cross Blue Shield of Arizona network, the health plan and the member receive discounts. To use the network benefits under the plan most effectively:

- Check the Blue Cross Blue Shield of Arizona, **azblue.com**, for participating providers
- Make sure **ALL** providers involved in your care (such as the surgeon, anesthesiologists, assistant surgeons, and the healthcare facility) are in-network providers.

Annual Out of Pocket Maximum (In-Network)

- The total amount a member must pay, not including deductibles, copays, and prescription drug costs before the health plan covers expenses at 100%
- Each time an in-network claim is processed by the health plan, coinsurance paid by the member is applied to the out of pocket maximum amount
- When the in-network out-of-pocket maximum is reached, covered medical claims will be paid at 100% for the rest of the calendar year

Out-of-Network Coverage

The Medical Plan offers out-of-network coverage for those members who choose to use a provider who is not in the Blue Cross Blue Shield of Arizona network. However, in every plan, out of pocket costs for using non-network providers are substantially more for the member and for the Employee Benefit Trust.

- **Choice PPO Plan: 60/40** for out of network coverage after a \$1,000 deductible per person (\$3,000 family)
- **Choice Plus PPO Plan: 70/30** for out of network coverage after a \$1,000 deductible per person (\$3,000 family)
- **Basic Choice Plan: 25/75** which offers catastrophic out of network coverage after a \$1,000 deductible per person (\$3,000 family)
- **Copay Choice Plan: 60/40** for out of network coverage after a \$1,000 deductible per person (\$3,000 family)

In addition, there are other increased costs for using out-of-network providers:

- **No Out-of-Pocket Maximum** - members who choose out-of-network providers will pay **all** deductibles and **all** coinsurances, regardless of total cost
- **Coinsurance will be calculated based on allowable costs** for the out of network service.
- Members will pay any costs billed by out of network providers above the allowable cost in addition to their coinsurance ([click here](#) for more information on allowable costs).
- **Out-of-network emergency room visits** will not be paid in network if not medically necessary
- **Any out-of-network post-emergency follow up care will be covered at out-of-network rates**

- **Out-of-network services will not be paid at the in-network rate** unless the City's independent medical review has determined that there is not an appropriate provider in the network, based on medical necessity

Coverage for Emergency Services Outside Network Area

All plans provide coverage for emergency services incurred while traveling outside the network area. Emergency services will be covered when that level of care is required due to medical necessity.

- The initial emergency visit will be covered as in-network if emergency services were medically necessary
- All follow-up visits and services must be provided by a BCBSAZ provider or facility to be paid as in-network in Arizona
- Follow up care for members who live outside Arizona and require emergency services must be provided by a provider who is contracted with HealthSmart (or in some instances, Beech Street) to be considered in-network

Out-of-State Plan Members

Members who reside or have dependents who reside outside of Arizona for six months or more are eligible to receive in-network benefits by using providers contracted with HealthSmart, or in some cases, Beech Street ([click here](#) for details).

Precertification and Utilization Review/Case Management

Precertification

- Required under all City of Mesa Medical Plans for certain covered services
- Ensures that hospitalizations, surgeries, and other procedures are medically necessary
- The physician's office will contact the plan on your behalf to pre-certify required services
- **Members are responsible for making sure services have been pre-certified. Failure to pre-certify will increase the amount members have to pay**
- Some procedures that require precertification:
 - All elective non-emergency admissions, except for birth of a baby (not including post-natal)
 - All elective admissions to specialized facilities, including outpatient surgical centers, hospice, skilled nursing facilities, and sub-acute care facilities
 - All admissions to inpatient or day treatment rehab facilities for both medical and mental health services
 - Colonoscopies, except those covered under the Routine Colonoscopy Benefit
 - Other invasive diagnostic tests
 - Sleep studies
 - Durable Medical Equipment with a cost of \$1000 or more;
 - **Emergency hospital admissions within 48 hours after admission**

Utilization (or Concurrent) Review/Case Management

- Ensures that continuation of medical services is medically necessary
- Coordinates member care with other health care providers, such as home health agencies, durable medical equipment vendors, and others
- May also assist with discharge planning and advising medical providers of various options available under the plan

Non-Covered Services

Services that are not covered under the City of Mesa Medical Plans include, but are not limited to:

- Cosmetic surgery or related expenses
- Fertility treatment, except limited services available under the Choice Plus PPO Plan
- Health club memberships
- Massage therapy, except when performed by a physical therapist or chiropractor
- Medications not approved by the FDA

- Nutritional supplements and/or vitamins (except prenatal vitamins)
- Services that are experimental and/or investigational in nature
- Vision services, except exams and lenses required following cataract surgery
- Weight management programs. For more detailed information about services that are not covered, please contact Employee Benefits at (480) 644-2299 or refer to the Plan Document found at www.mesachip.org.

Other Insurance Coverage

- A Member who is or whose dependents are covered by another health insurance policy must submit a copy of the insurance card from the other carrier or other documentation to the Benefits Office
- If other coverage has been terminated, documentation of the termination date must be submitted
- Certain rules determine which plan is primary (i.e., which plan pays first)
- The City of Mesa plan does not coordinate benefits with primary plans that have co-pays.
- For assistance with determining which of your insurance carriers is primary, please contact the *Benefits Office at (480) 644-2299.*

Your Insurance Card and ID Number

- **Remember: your medical card is combined with your prescription drug card and comes to you from Medco**
- Always take your healthcare ID card with you when visiting a healthcare provider office
- The 5-digit ID number found on your Medco insurance card is the medical plan Insured ID number and should be used when filling out forms at a healthcare provider's office
- **Claims submitted with incorrect information may be denied**
- **Please order replacement cards through the Medco website ([click here](#))**

Instructions for Locating a Blue Cross Blue Shield of Arizona Provider

Members enrolled in any of the Choice Medical Plans may choose a Blue Cross Blue Shield of Arizona contracted provider. Provider discounts vary based upon the provider's contract with BCBSAZ.

Using the Blue Cross Blue Shield of Arizona Website

Follow the instructions below to locate a medical provider in the Blue Cross Blue Shield network.

1. On the web go to the Blue Cross Blue Shield of Arizona website at www.azblue.com
2. A Guest page will appear. Click on "**Search the Provider Directory**" link.
3. On the "Health & Dental Provider Directory" page, under the ID card sample that says "Acme Company," click on the "Search the Provider Directory" link.
4. You will see three tabs entitled "Providers", "Facilities" and "Urgent Care". Select the tab that applies to your search.
5. Under "Search by Network", click on the drop down arrow and select "PPO".
6. You can then enter your address, provider name or specialty to define your search. Once done, click on the "Search" button.

The website is updated monthly by BCBSAZ, listing any new providers, or removing those who have terminated recently.

Medical Coverage for Out-of-State Members

The City of Mesa is contracted with HealthSmart PPO* to provide an out-of-state network for those health plan members who live outside the State of Arizona to help them and the Employee Benefit Trust save money on members' health care needs.

The HealthSmart PPO* network includes a variety of providers throughout the United States, including hospitals, urgent care centers, family practice doctors and specialists. This network is only for those covered persons who regularly live outside Arizona. **It is not for members who normally reside in Arizona who are traveling outside the state.**

If a member or an eligible dependent is moving out-of-state, the Benefits Office should be notified so the member or dependent can be enrolled in HealthSmart.

For out-of-state members who use a HealthSmart PPO* contracted provider, services will be processed as in-network for the plan selected. For example, if a member is enrolled in the Choice Plus (90/10) plan, services rendered by a HealthSmart provider will first be subject to a \$200 per person annual deductible, then paid at 90%. The member will be responsible for paying this deductible and the 10% coinsurance.

If a non-network provider is used by a Choice Plus member, services will be processed as out-of-network (subject to a \$1000 deductible, then paid at 70%). However, if the member has another insurance as the primary carrier, covered services will be paid as **in-network**. See below.

If you are having a surgical procedure, hospitalization, receiving durable medical equipment over \$1000, or receiving home health care, these types of services still need to be pre-certified by American Health Group at (602) 265-3800 or 1 (800) 847-7605.

If the City of Mesa is your primary or only carrier, present your HealthSmart PPO* card to the provider at the time of your appointment. If you did not receive a card, please contact the Benefits Office at (480) 644-2299 or via e-mail at benefits.info@cityofmesa.org. Please give the provider your 5-digit ID number as the Insured ID-number. The provider needs to send your claim to: HealthSmart, PO Box 53010, Lubbock, TX 79453-3010.

If the City of Mesa is your secondary carrier, inform the provider that you have primary insurance. After the primary insurance has processed the claim, send the itemized bill with the primary carrier's Explanation of Benefits to: City of Mesa Employee Benefits, PO Box 1818, San Leandro, CA 94577. Providers should still call Benefits at (480) 644-2299 to verify coverage, if necessary.

Finding a HealthSmart Provider (Out-of-State Residents Only)

1. Go to www.healthsmart.com.
2. Click on "Members" located at the top of the screen
3. Click on "Provider Lookup" located at the top of the screen.
4. Click on the "Find" button in the New Provider Lookup box.
5. Click in the small box located in the lower left corner of the Disclaimer box stating you acknowledge and have read the disclaimer. Then click the "Continue" button.
6. In box 1 (Choose your Network Plan), click in the circle next to HealthSmart Preferred Care.
7. In box 2 (Enter Location), enter either your city and state or zip code.
8. In box 3 (Choose Provider Options), select your search criteria. Then click on the "Find" button.

If you have questions or problems with finding a provider, please contact HealthSmart directly at 1(800)687-0500, option 8 or extension 2502. Please be sure to ask for Policy CM002 providers.

**In some states, HealthSmart PPO has also contracted with BeechStreet PPO to provide expanded network services. Members living in Arkansas, Louisiana, Mississippi, New Mexico, Oklahoma, Texas, and Tennessee can only use HealthSmart PPO (not Beech Street) providers to be considered as in-network. Beech Street PPO does not contract with HealthSmart PPO in these states.*

Important Information for Retirees with Medicare

If you are currently enrolled in Medicare, you have probably heard about Medicare Part D, the prescription drug plan offered by the federal government through Medicare.

When the federal government designed the Medicare Part D program, they gave health insurance plans several options for continuing prescription drug coverage for Medicare beneficiaries. The City of Mesa Health Plan chose to continue providing prescription coverage for our members who have Medicare. In return, Medicare reimburses the City for a portion of its prescription expenses incurred by Medicare members.

In order to receive this reimbursement, the City has to show that our prescription drug plan is equal to or better than the plan offered by Medicare Part D. We had no problem proving that our plan meets this criterion.

Some of our retirees have elected to enroll in the Medicare prescription drug program, which is their choice. If you are one of those retirees who have chosen to do this, please understand that you are no longer enrolled in the City of Mesa's prescription drug program and cannot return to the City of Mesa's prescription drug program in the future.

Retirees who have elected to stay with the City of Mesa's prescription drug plan should refer to the Notice of Creditable Coverage ([click here](#)). You may want to print this document and keep it in a safe place. Should the City of Mesa decide that we are unable to continue prescription drug coverage for retirees, you will need to present this document to the Center for Medicare and Medicaid Services (CMS) when you enroll in Medicare Part D in order to avoid paying a premium penalty. It is not likely you will need this document anytime soon, but should you need it, you will want to have it handy.

If you have questions about your prescription drug plan, please feel free to contact Margie Ward, Employee Benefits Administrator at (480) 644-4421.

Affordable Care Act Changes

Children to Age 26 May be Covered Under the Plan

Individuals whose coverage ended, who were denied coverage or who were not eligible for coverage because the availability of dependent coverage of children ended before attainment of age 26 are eligible to enroll in the City of Mesa group health plan. No coverage is extended to son-in-law, daughter-in-law, or grandchildren, except in the case of legal custody. Retirees may request enrollment for such children from October 25 through November 26. Enrollment before November 6 should be on line and enrollment made after November 6 must be made using a paper enrollment form. Birth Certificates will be required if not already on file. Coverage will be effective January 1, 2011. For more information contact the Benefits Office at 480-644-2299.

No Retroactive Cancellation of Coverage

In accordance with the requirements of the Affordable Care Act, effective January 1, 2011 the plan will not retroactively cancel coverage except for non-payment of premium or in the case of fraud or intentional misrepresentation of material fact and with at least a 30-day advanced written notice for fraud or misrepresentation.

Retroactive terminations of coverage may be made for ineligibility under the requirements of the Plan Document and no advanced written notice will be required.

Annual Notification - Women's Health and Cancer Rights Act of 1998

Federal law requires the following notification: Group health plans that provide medical and surgical benefits in connection with a mastectomy must provide benefits for certain reconstructive breast surgery. This Plan complies with the Women's Health and Cancer Rights Act (WHCRA) that indicates that for any covered individual who is receiving benefits in connection with a mastectomy and who elects breast reconstruction in connection with it, coverage will be provided in a manner determined in consultation with the attending physician and the patient, including:

- reconstruction of the breast on which the mastectomy was performed;
- surgery and reconstruction of the other breast to produce a symmetrical appearance; and prostheses and physical complications for all stages of mastectomy, including lymphedemas.

Coverage is subject to the Plan's normal rules, including in-network co-payments or out-of-network annual deductibles and coinsurance provisions. If you have any questions about this law, including Plan benefits for mastectomies or reconstructive surgery, please contact Margie Ward, Employee Benefits Administrator at (480) 644-4421.

HIPAA – Health Insurance Portability and Accountability Act of 1996

Effective April 14, 2003, the Health Insurance Portability and Accountability Act of 1996 (HIPAA), a federal law, requires that health plans like the City of Mesa Health Plan (hereafter referred to as the "Plan"), maintain the privacy of your personally identifiable health information (called Protected Health Information or PHI).

- The term "Protected Health Information" (PHI) includes all information related to your past, present or future health condition(s) that individually identifies you or could reasonably be used to identify you and is transferred to another entity or maintained by the Plan in oral, written, electronic or any other form.
- PHI does not include health information contained in employment records held by the City of Mesa in its role as an employer, including but not limited to health information related to disability, work-related illness/injury, sick leave, Family or Medical leave (FMLA), life insurance, dependent care FSA, drug testing, etc.

A complete description of your rights under HIPAA can be found in the Plan's Notice of Privacy Practices, which was previously distributed to you or distributed to you upon enrollment in the Plan and is also available from the Employee Benefits Office or at www.mesachip.org.

Medicaid and the Children's Health Insurance Program (CHIP) Offer Free Or Low-Cost Health Coverage To Children And Families

If you are eligible for health coverage from your employer, but are unable to afford the premiums, some States have premium assistance programs that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for employer sponsored health coverage, but need assistance in paying their health premiums.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan. Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, your employer's health plan is required to permit you and your dependents to enroll in the plan – as long as you and your dependents are eligible, but not already enrolled in the employer's plan. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance. If you live in one of the following States, you may be eligible for assistance paying your employer health plan premiums. The following list of States is current as of September 1, 2010. You should contact your State for further information on eligibility –**

| ALABAMA – Medicaid | CALIFORNIA – Medicaid |
|---|---|
| Website: http://www.medicaid.alabama.gov Phone: 1-800-362-1504 | Website: http://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx Phone: 1-866-298-8443 |

| | |
|---|--|
| ALASKA – Medicaid | COLORADO – Medicaid and CHIP |
| Website: http://health.hss.state.ak.us/dpa/programs/medicaid/ Phone (Outside of Anchorage): 1-888-318-8890 Phone (Anchorage): 907-269-6529 | Medicaid Website: http://www.colorado.gov/ Medicaid Phone: 1-800-866-3513 CHIP Website: http:// www.CHPplus.org CHIP Phone: 303-866-3243 |
| ARIZONA – CHIP | |
| Website: http://www.azahcccs.gov/applicants/default.aspx Phone: 1-877-764-5437 | |
| ARKANSAS – CHIP | FLORIDA – Medicaid |
| Website: http://www.arkidsfirst.com/ Phone: 1-888-474-8275 | Website: http://www.fdhc.state.fl.us/Medicaid/index.shtml Phone: 1-866-762-2237 |
| GEORGIA – Medicaid | MONTANA – Medicaid |
| Website: http://dch.georgia.gov/ Click on Programs, then Medicaid Phone: 1-800-869-1150 | Website: http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml Telephone: 1-800-694-3084 |
| IDAHO – Medicaid and CHIP | NEBRASKA – Medicaid |
| Medicaid Website: www.accesstohealthinsurance.idaho.gov Medicaid Phone: 1-800-926-2588 CHIP Website: www.medicicaid.idaho.gov CHIP Phone: 1-800-926-2588 | Website: http://www.dhhs.ne.gov/med/medindex.htm Phone: 1-877-255-3092 |
| INDIANA – Medicaid | NEVADA – Medicaid and CHIP |
| Website: http://www.in.gov/fssa/2408.htm Phone: 1-877-438-4479 | Medicaid Website: http://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900 CHIP Website: http://www.nevadacheckup.nv.org/ CHIP Phone: 1-877-543-7669 |
| IOWA – Medicaid | |
| Website: www.dhs.state.ia.us/hipp/ Phone: 1-888-346-9562 | |
| KANSAS – Medicaid | NEW HAMPSHIRE – Medicaid |
| Website: https://www.khpa.ks.gov Phone: 800-766-9012 | Website: http://www.dhhs.state.nh.us/DHHS/MEDICAIDPROGRAM/default.htm Phone: 1-800-852-3345 x 5254 |
| KENTUCKY – Medicaid | NEW JERSEY – Medicaid and CHIP |
| Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570 | Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 1-800-356-1561 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 |
| LOUISIANA – Medicaid | |
| Website: http://www.lahipp.dhh.louisiana.gov Phone: 1-888-342-6207 | |
| MAINE – Medicaid | NEW MEXICO – Medicaid and CHIP |
| Website: http://www.maine.gov/dhhs/oms/ Phone: 1-800-321-5557 | Medicaid Website: http://www.hsd.state.nm.us/mad/index.html Medicaid Phone: 1-888-997-2583 CHIP Website: http://www.hsd.state.nm.us/mad/index.html Click on Insure New Mexico CHIP Phone: 1-888-997-2583 |
| MASSACHUSETTS – Medicaid and CHIP | |
| Medicaid & CHIP Website: http://www.mass.gov/MassHealth Medicaid & CHIP Phone: 1-800-462-1120 | |
| MINNESOTA – Medicaid | NEW YORK – Medicaid |
| Website: http://www.dhs.state.mn.us/ Click on Health Care, then Medical Assistance Phone (Outside of Twin City area): 800-657-3739 Phone (Twin City area): 651-431-2670 | Website: http://www.nyhealth.gov/health_care/medicaid/ Phone: 1-800-541-2831 |

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|---|--|
| MISSOURI – Medicaid | NORTH CAROLINA – Medicaid |
| Website: http://www.dss.mo.gov/mhd/index.htm Phone: 573-751-6944 | Website: http://www.nc.gov Phone: 919-855-4100 |
| NORTH DAKOTA – Medicaid | UTAH – Medicaid |
| Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-800-755-2604 | Website: http://health.utah.gov/medicaid/ Phone: 1-866-435-7414 |
| OKLAHOMA – Medicaid | VERMONT – Medicaid |
| Website: http://www.insureoklahoma.org Phone: 1-888-365-3742 | Website: http://ovha.vermont.gov/ Telephone: 1-800-250-8427 |
| OREGON – Medicaid and CHIP | VIRGINIA – Medicaid and CHIP |
| Medicaid & CHIP Website: http://www.oregonhealthykids.gov Medicaid & CHIP Phone: 1-877-314-5678 | Medicaid Website: http://www.dmas.virginia.gov/rcp-HIPP.htm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.famis.org/ CHIP Phone: 1-866-873-2647 |
| PENNSYLVANIA – Medicaid | WASHINGTON – Medicaid |
| Website: http://www.dpw.state.pa.us/partnersproviders/medicalassistance/doingbusiness/003670053.htm Phone: 1-800-644-7730 | Website: http://hrsa.dshs.wa.gov/premiumpymt/Apply.shtm Phone: 1-877-543-7669 |
| RHODE ISLAND – Medicaid | WEST VIRGINIA – Medicaid |
| Website: www.dhs.ri.gov Phone: 401-462-5300 | Website: http://www.wvrecovery.com/hipp.htm Phone: 304-342-1604 |
| SOUTH CAROLINA – Medicaid | WISCONSIN – Medicaid |
| Website: http://www.scdhhs.gov Phone: 1-888-549-0820 | Website: http://dhs.wisconsin.gov/medicaid/publications/p-10095.htm Phone: 1-800-362-3002 |
| TEXAS – Medicaid | WYOMING – Medicaid |
| Website: https://www.gethipptexas.com/ Phone: 1-800-440-0493 Phone: 1-800-440-0493 | Website: http://www.health.wyo.gov/healthcarefin/index.html Telephone: 307-777-7531 |

To see if any more States have added a premium assistance program since September 1, 2010, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor
Employee Benefits Security Administration

www.dol.gov/ebsa

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services

www.cms.hhs.gov

1-866-444-EBSA (3272) 1-877-267-2323, Ext. 6156

Medicare Mandatory Reporting Requirement

As a health plan payor, the City of Mesa is required to comply with a number of federal laws, including HIPAA (see above) and the new Medicare Mandatory Reporting Requirement. This new requirement came about because of increased misunderstandings by providers and Medicare recipients regarding the primary/secondary relationship between Medicare and their other Group Health Plan (like those offered by the City of Mesa).

When a person becomes eligible for Medicare, either because they have reached their Medicare-eligibility age OR they have been disabled in accordance with Medicare rules, they are automatically enrolled in Medicare Part A, which covers the person under Medicare for Hospitalizations. They will also have the option of enrolling in Medicare Part B (for professional services, such as doctor visits, lab and x-ray services), and there is a monthly premium. When a person is also covered by another insurance plan, such as those offered by the City of Mesa, both the City and Medicare must determine which plan is primary (i.e. which plan pays first when services are rendered) and which plan is secondary.

Many people assume that when they become eligible for Medicare that Medicare is automatically primary. This is not necessarily the case, especially if the person is still an active employee or is the spouse of an active employee. For this reason, the Centers for Medicare and Medicaid Services (CMS) has enacted the new Medicare Mandatory Reporting Requirement—to ensure those who are enrolled in both Medicare and another group health plan understand which plan is considered their primary insurance.

To facilitate this process, CMS is requiring all health insurance payors to submit the names and social security numbers of all of their members, regardless of their age or Medicare status. They will then verify which people are enrolled in Medicare and will communicate this information to the Employee Benefits Office, so we can notify the member which insurance coverage should be considered primary. As a result of this requirement, we are required to have all plan members (employees and retirees) provide us with the social security numbers of their dependents (spouses and children). We will then communicate this information to CMS as required by federal law.

Please note this information will be kept completely confidential and private, as the City of Mesa Employee Benefits Office is bound by HIPAA to maintain the privacy of all personal health information. If you have any questions or concerns about this new requirement, please contact Margie Ward, Employee Benefits Administrator at (480) 644-4421.

Medicare Notice of Creditable Coverage

Important Notice from the City of Mesa about Prescription Drug Coverage for People with Medicare

This notice is for people with Medicare. Please read this notice carefully and keep it where you can find it.

This Notice has information about your current prescription drug coverage with the City of Mesa and the prescription drug coverage available for people with Medicare. It also explains the options you have under Medicare's prescription drug coverage and can help you decide whether or not you want to enroll in that Medicare prescription drug coverage. At the end of this notice is information on where you can get help to make a decision about Medicare's prescription drug coverage.

- **If you and/or your family members are not now eligible for Medicare, and will not be eligible during the next 12 months, you may disregard this Notice.**
- **If, however, you and/or your family members are now eligible for Medicare or may become eligible for Medicare in the next 12 months, you should read this Notice very carefully.**

This announcement is required by law whether the group health plan's coverage is primary or secondary to Medicare. Because it is not possible for our Plan to always know when a Plan participant or their eligible spouse or children have Medicare coverage or will soon become eligible for Medicare we have decided to provide this Notice to all plan participants.

Prescription drug coverage for Medicare-eligible people is available through Medicare prescription drug plans (PDPs) and Medicare Advantage Plans (like an HMO or PPO) that offer prescription drug coverage. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more drug coverage for a higher monthly premium.

The City of Mesa has determined that the prescription drug coverage under the following prescription drug plan options (the Choice PPO Plan, Choice Plus PPO Plan, Basic Choice Plan and the Copay Choice Plan) are "creditable".

"Creditable" means that the value of this Plan's prescription drug benefit is, on average for all plan participants, expected to pay out as much as or more than the standard Medicare prescription drug coverage will pay.

Because the plan option(s) noted above are, on average, at least as good as the standard Medicare prescription drug coverage, **you can elect or keep prescription drug coverage under the Choice PPO Plan, Choice Plus PPO Plan, Basic Choice Plan or the Copay Choice Plan and you will not pay extra if you later decide to enroll in Medicare prescription drug coverage.** You may enroll in Medicare prescription drug coverage at a later time, and because you maintain creditable coverage, you will not have to pay a higher premium (a late enrollment fee penalty).

REMEMBER TO KEEP THIS NOTICE

If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

WHEN CAN YOU JOIN A MEDICARE DRUG PLAN?

Medicare-eligible people can enroll in a Medicare prescription drug plan at one of the following 3 times:

- when they first become eligible for Medicare; or
- during Medicare's annual election period (from November 15th through December 31st); or
- for beneficiaries leaving employer/union coverage, you may be eligible for a Special Enrollment Period (SEP) in which to sign up for a Medicare prescription drug plan.

When you make your decision on whether to enroll in a Medicare prescription drug plan, you should also compare your current prescription drug coverage, (including which drugs are covered and at what cost) with the coverage and cost of the plans offering Medicare prescription drug coverage in your area.

YOUR RIGHT TO RECEIVE A NOTICE

You will receive this notice at least every 12 months and at other times in the future such as if the creditable/non-creditable status of the prescription drug coverage through this plan changes. You may also request a copy of a Notice at any time.

WHY CREDITABLE COVERAGE IS IMPORTANT

(When you will pay a higher premium (penalty) to join a Medicare drug plan)

If you do not have creditable prescription drug coverage when you are first eligible to enroll in a Medicare prescription drug plan and you elect or continue prescription drug coverage under a **non-creditable** prescription drug plan, then at a later date when you decide to elect Medicare prescription drug coverage you may pay a higher premium (a penalty) for that Medicare prescription drug coverage for as long as you have that Medicare coverage. Maintaining creditable prescription drug coverage will help you avoid Medicare's late enrollment penalty. This **late enrollment penalty** is described below:

If you go 63 continuous days or longer without creditable prescription drug coverage (meaning drug coverage that is at least as good as Medicare's prescription drug coverage), your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have either Medicare prescription drug coverage or coverage under a creditable prescription drug plan. You may have to pay this higher premium (the penalty) as long as you have Medicare prescription drug coverage.

For example, if 19 months pass where you do not have creditable prescription drug coverage, when you decide to join Medicare's drug coverage your monthly premium will always be at least 19% higher than the Medicare base

beneficiary premium. Additionally, if you go 63 days or longer without prescription drug coverage you may also have to wait until the next November to enroll for Medicare prescription drug coverage.

WHAT ARE MY CHOICES?

You can choose any **one** of the following options:

| Your Choices: | What you can do: | What this option means to you: |
|-----------------|---|--|
| Option 1 | You can select or keep your current medical and prescription drug coverage with the Choice PPO Plan, Choice Plus PPO Plan, Basic Choice Plan or the Copay Choice Plan and you do not have to enroll in a Medicare prescription drug plan. | <p>You will continue to be able to use your prescription drug benefits through the Choice PPO Plan, Choice Plus PPO Plan, Basic Choice Plan or the Copay Choice Plan.</p> <ul style="list-style-type: none"> You may, in the future, enroll in a Medicare prescription drug plan during Medicare's annual enrollment period (during November 15-December 31 of each year). As long as you are enrolled in creditable drug coverage you will not have to pay a higher premium (a late enrollment fee) to Medicare when you do choose, at a later date, to sign up for a Medicare prescription drug plan. |

| Your Choices: | What you can do: | What this option means to you: |
|-----------------|--|---|
| Option 2 | <p>You can select or keep your current medical and prescription drug coverage with the Choice PPO Plan, Choice Plus PPO Plan, Basic Choice Plan or the Copay Choice Plan and also enroll in a Medicare prescription drug plan.</p> <p>If you enroll in a Medicare prescription drug plan you will need to pay the Medicare Part D premium out of your own pocket.</p> | <p>Having dual prescription drug coverage under this Plan and Medicare means that this Plan will coordinate its drug payments with Medicare, as follows:</p> <ul style="list-style-type: none"> • For Medicare eligible Retirees and their Medicare eligible Dependents, Medicare Part D coverage pays primary and this group health plan pays secondary. • For Medicare eligible Active Employees and their Medicare eligible Dependents, this group health plan pays primary and Medicare Part D coverage pays secondary. <p>Note that you may not drop just the prescription drug coverage under the Choice PPO Plan, Choice Plus PPO Plan, Basic Choice Plan or the Copay Choice Plan. That is because prescription drug coverage is part of the entire medical plan. Generally, you may only drop medical plan coverage at this Plan's next Open Enrollment period.</p> <p>Note that each Medicare prescription drug plan (PDP) may differ. Compare coverage, such as:</p> <ul style="list-style-type: none"> • PDPs may have different premium amounts • PDPs cover different brand name drugs at different costs to you; • PDPs may have different prescription drug deductibles and different drug copayments; • PDPs may have different networks for retail pharmacies and mail order services. |

FOR MORE INFORMATION ABOUT YOUR OPTIONS UNDER MEDICARE'S PRESCRIPTION DRUG COVERAGE

More detailed information about Medicare plans that offer prescription drug coverage is available in the "Medicare & You" handbook. A person enrolled in Medicare (a

“beneficiary”) will get a copy of this handbook in the mail each year from Medicare. A Medicare beneficiary may also be contacted directly by Medicare-approved prescription drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see your copy of the Medicare & You handbook for their telephone number), for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

Para mas información sobre sus opciones bajo la cobertura de Medicare para recetas medicas.

Revise el manual “Medicare Y Used” para información detallada sobre los planes de Medicare que ofrecen cobertura para recetas medicas. Visite www.medicare.gov por el Internet o llame GRATIS al 1 800 MEDICARE (1-800-633-4227). Los usuarios con teléfono de texto (TTY) deben de llamar al 1-877-486-2048. Para mas información sobre la ayuda adicional, visite la SSA en línea en www.socialsecurity.gov por Internet, o llámeles al 1-800-772-1213 (Los usuarios con teléfono de texto (TTY) deberán llamar al 1-800-325-0778).

For people with limited income and resources, extra help paying for a Medicare prescription drug plan is available. Information about this extra help is available from the Social Security Administration (SSA). For more information about this extra help, visit SSA online at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

For more information about this notice or your current prescription drug coverage contact:

Contact: City of Mesa, Employee Benefits Administrator
Address: 20 E. Main St., Ste 600, Mesa, AZ 85201
Phone Number: (480) 644-3009

As in all cases, the City of Mesa reserves the right to modify benefits at any time, in accordance with applicable law. This document (dated **October, 2010**) is intended to serve as your Medicare Notice of Creditable Coverage, as required by law.

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